

FAXED COPY RECEIVED

SEP 23 2002

## RYAN KROMHOLZ &amp; MANION, S.C.

ATTORNEYS AT LAW

TECHNOLOGY CENTER 3700

Daniel D. Ryan  
Joseph A. Kromholz  
John M. Manion  
Patricia Jones  
Laura A. Dable  
Daniel R. Johnson  
Patricia A. Limbach

Telephone: (262) 783-1300  
Facsimile: (262) 783-1211  
Toll Free: (800) 686-9333

Est. 1873

Mailing Address:  
P.O. Box 26618  
Milwaukee, WI 53226-0618

Building Address:  
3360 Gateway Road  
Brookfield, WI 53045

Arnold J. Ericson (Of Counsel)

Date: 23 September 2002

Coversheet + 8 Page(s)

RECIPIENT(S):

FACSIMILE:

Examiner Cary E O'Connor  
U.S. Patent & Trademark Office  
Group Art Unit: 3732

1:55pm  
(703) 308-2708

Regarding: Serial No.: 09/654,201  
Atty. Docket No.: 4285.16408-CIP

Comments: Please see the following Amendment B for this case.

From: John M. Manion

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (703) 308-2708 on 23 September 2002.

Typed or printed name of person  
signing this certificate:

Julie A. Wolf

Signature:

Julie A. Wolf

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. This message may be an attorney-client communication, and as such is privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

entry approved ceo

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Gary J. Pond

Attorney Docket No.: 4285.16408-CIP

Serial No.: 09/654,201

Examiner: Cary E. O'Connor

Filed: 1 September 2000

Group Art Unit: 3732

For: Surgical Needle

**FAXED COPY RECEIVED****SEP 23 2002****TECHNOLOGY CENTER 3700****Commissioner for Patents  
Washington, D.C. 20231****AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is

☒ a small entity

☐ other than a small entity.

**CERTIFICATE OF MAILING (37 CFR 1.8(a))**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited by facsimile addressed to Examiner Cary E. O'Connor at facsimile no. (703) 308-2708.

Julie A. Wolf

Type or print name of person mailing paper

Date: 23 September 2002

*Julie A. Wolf*

(Signature of person mailing paper)

**EXTENSION OF TERM**

**NOTE:** "Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-35).

**NOTE:** See 37 CFR 1.645 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

(complete (a) or (b) as applicable)

(a) ☐ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

Extension (months)	Fee for other than <u>Small Entity</u>	Fee for <u>Small Entity</u>
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 400.00	\$ 200.00
<input type="checkbox"/> three months	\$ 920.00	\$ 460.00
<input type="checkbox"/> four months	\$1440.00	\$ 720.00
<input type="checkbox"/> five months	\$1960.00	\$ 980.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request: \$ \_\_\_\_\_

OR

(b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*	8	-20 =	(12)	x \$ 9.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**	3	-3 =	0	x \$ 42.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) If any (37 CFR 1.16(d))	0			\$140.00	\$0	\$0
<b>Total Additional Fee</b>					<b>\$0</b>	<b>\$0</b>

\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

(c) ☒ No additional fee for claims is required.

**OR**

(d) ☐ Total additional fee for claims required \$\_\_\_\_\_.

**FEE PAYMENT**

5. ☐ Attached is a check in the sum of \$\_\_\_\_\_.

☐ Charge Account No. \_\_\_\_\_ the sum of \$\_\_\_\_\_.

A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

**NOTE:** *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 06-2360.

**AND/OR**

- ☒ If any additional fee for claims is required charge Account No. 06-2360



SIGNATURE OF ATTORNEY

Reg. No.: 38,957

John M. Manion

TYPE OR PRINT NAME OF ATTORNEY

Tel. No.: (262) 783 - 1300

RYAN KROMHOLZ & MANION, S.C.

P.O. ADDRESS

Post Office Box 26618

Milwaukee, Wisconsin 53226-0618